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36802 7	590 09/09	/2008	•		•		
PACESETTER, 15900 VALLEY V SYLMAR, CA 91	VIEW COURT	I S aa tr	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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			<b>-</b>	Alan	<b>%</b> ( )	0	(Signature)
				9	28/0	28	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR ·	ATTORNE	Y DOCKET NO.	CONFIRMATION NO.
10/782,123	10/782,123 02/18/2004		Mark W. Kroll	Kroll		1016US01	5391
TITLE OF INVENTION IMPLANTABLE MEDICA		IETHOD FOR CONTR	OLLING THE RECO	RDING OF DIAG	NOSTIC M	EDICAL DATA	. IN AN
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	B FEB TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	. \$0		\$1440	12/09/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
BERTRAM, ERIC D		3766	607-009000				
1. Change of correspondent CFR 1.363).  Change of correspon Address form PTO/SB/1		· ·	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2.				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE PACESETTER, INC. (B) RESIDENCE: (CITY and STATE OR COUNTRY)15900 Valley View Court Sylmar, CA 91392-9221							
Please check the appropriat	e assignee category or	categories (will not be pr	rinted on the patent):	Individual XXI Co	orporation o	r other private gro	oup entity Government
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Issue Fee		A check is enclosed.					
Publication Fee (No		Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # o	of Copies 2	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number160068 (enclose an extra copy of this form).					
5. Change in Entity Status  a. Applicant claims S			☐ b. Applicant is no le	onger claiming SMAI	I ENTITY	status See 27 Ci	CP 1 27(a)(2)
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interest as shown by the rec	ords of the United Sta	tes Patent and Trademark	Office.				
Authorized Signature Sul Saudy			Date 24 SEP 2008				
Typed or printed name <u>David S. Sarisky</u>			Registration No. 41,288				
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